

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: See Overview of Kentucky's State Performance Plan Development Process document

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C / GENERAL SUPERVISION

Indicator 9 – General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification (20U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

A. Percent of noncompliance related to monitoring priority areas and indicator corrected within one year of identification:

- a. # of findings of noncompliance made related to priority areas.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = b divided by a times 100

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

- a. # of findings of noncompliance made related to such areas.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = b divided by a times 100

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:

- a. # of EIS programs in which noncompliance was identified through other mechanisms.
- b. # of findings of noncompliance made.
- c. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = c divided by b times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

The general supervision system for Kentucky includes:

1. Policies and procedures to guide general supervision practices

2. **Provision of training and technical assistance supports to administrators and service providers in general supervision**
3. **Quality assurance and monitoring procedures to ensure the accuracy of the general supervision data**
4. **Data system elements for general supervision data input and maintenance, and general supervision data analysis functions**

Each of these is described below:

1. Policies and procedures to guide general supervision practices

The Kentucky Early Intervention monitoring system is designed for the supervision and evaluation of the First Steps program in Kentucky. Information gathered will be analyzed to provide direction regarding allocation of resources, ongoing development of family and staff partnerships and the highest quality of service to infants and toddlers with disabilities and their families.

The Kentucky Department for Public Health (DPH), contracts with six (6) state universities and one (1) Community Care Center in order to provide Technical Assistance to the various regions within Kentucky through Technical Assistance Teams (TATs). They are broken down into 15 districts with each team assigned to counties in various regions. This ensures that we have statewide coverage for technical assistance and monitoring for the First Steps Program.

The Eastern Kentucky University Team serves counties in the Cumberland Valley, Kentucky River and Lake Cumberland Area Development Districts, including:

- Cumberland Valley District - Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle and Whitley counties;
- KY River District - Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry and Wolfe counties;
- Lake Cumberland District - Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne counties.

The Morehead State University Team serves counties in the Big Sandy, FIVCO and Gateway Area Development Districts, including:

- Big Sandy District - Floyd, Johnson, Magoffin, Martin and Pike counties;
- FIVCO District - Boyd, Carter, Elliot, Greenup and Lawrence counties;
- Gateway District - Bath, Menifee, Montgomery, Morgan and Rowan counties.

The Murray State University Team serves counties in the Pennyrile and Purchase Area Development Districts, including:

- Pennyrile District - Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd and Trigg counties;
- Purchase District - Ballard, Carlisle, Calloway, Fulton, Hickman, Graves, Marshall and McCracken counties.

The North Key Community Care Team serves counties in the Buffalo Trace and Northern Kentucky Area Development Districts, including:

- Buffalo Trace District - Bracken, Fleming, Lewis, Mason and Robertson counties;
- Northern KY District - Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton counties.

The University of Kentucky Team serves counties in the Bluegrass Area Development District, including:

- Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott and Woodford counties.

The University of Louisville Team serves counties in the KIPDA and Lincoln Trail Area Development Districts, including:

- Kentuckiana District - Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble counties;
- Lincoln Trail District - Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson and Washington counties.

The Western Kentucky University Team serves counties in the Barren River and Green River Area Development Districts, including:

- Barren River District - Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren counties;
- Green River District - Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster counties.

The TATs have a three (3) person team designed to provide training, technical assistance to families as they request and to all providers; as well as to monitor all providers every other year. The team is comprised of a Program Consultant, Parent Consultant and Program Evaluator. Their duties are as follows:

The First Steps program consultant is responsible for:

- Technical assistance and training to providers for programmatic issues such as regulations, policies and procedures, best practices and billing.
- Training new providers and assisting them throughout the enrollment process to become First Steps providers.
- Maintaining a resource library of early intervention materials.
- Acting as a liaison to District Early Intervention Councils (DEIC).
- Conducting quarterly service coordinator meetings and other informational meetings for providers.

The First Steps parent consultant is responsible for:

- Providing information and resources to families.
- Offering a parent perspective to other families and providers (each is a parent of a child currently or formerly enrolled in First Steps) and representing family interests and concerns to other stakeholders and staff.
- Coordinating training and special events for families of children with developmental delays such as Fireside Chats which focus on preparing families for the transition from First Steps to preschool.
- Linking families to DEIC and other groups to encourage the participation of families in planning and meeting the needs of children with development delays.

The First Steps program evaluator/monitor is responsible for:

- Conducting periodic review of provider records to assure regulatory compliance.
- Monitoring quality of services and outcomes. Identifying training and technical assistance needs based on reviews.

- Consulting with providers and program consultants during the development of corrective action plans.
- Responding to complaints and quality concerns reported by families, providers and others.

First Steps Program Evaluation staff reviews all enrolled providers through a random selection process at least once every two years. Providers are selected for monitoring based on length of time since their last review, complaints, and/or billing concerns that are communicated from the First Steps Financial Administrator. In addition, when new providers enroll in the First Steps system, the Program Evaluator makes note of that and schedules them for review within one year of beginning service. The Program Evaluator monitors providers based on Federal Part C requirements as well as State Regulations and First Steps Policies and Procedures. The process starts with the Program Evaluator who reviews provider's records, billing documents and observes their practice, if needed. Once the Program Evaluator has visited the provider and conducted an exit conference to briefly review their findings, they send a written report to the Quality Assurance Administrator in the Central Office. The Quality Assurance Administrator reviews the report and forwards it to the provider within (2) two weeks of the on-site visit. This process is called Program review.

The Program Review Report lists the findings by both non-compliance and lack of best practice issues. The provider must respond to that report in writing with an Action Plan within 21 working days of receiving the Program Review Report. This Action Plan must give the details of how that provider will come into compliance on the identified issues. Once this Action Plan is accepted by the Administration, the Program Evaluator will do a follow-up visit within (6) six months or sooner depending on the issues, to review that the Action Plan is in effect. In order to ensure non-compliance is corrected, the Program Evaluator pulls from a sample of records beginning with the time after the approval of the Action Plan. The Provider has one year from identification to correct non-compliance issues. The Lead Agency will work closely with a provider to get them to successfully complete a program review. However, the ultimate sanction for not completing their review successfully is the termination of the provider contract.

Other types of sanctions which may be imposed by the Cabinet for Health and Family Services on the enrolled provider are as follows:

1. Requirement of enrolled provider to repay misspent or misapplied funds.
2. Withholding of funds until corrective action is taken by the enrolled provider.
3. Limiting the provider's caseload.
4. Cancellation of enrolled provider status with the Cabinet for Health and Family Services.

2. Provision of training and technical assistance supports to administrators and service providers in general supervision

Another part of the Program Review Process is sharing findings with other members of the Technical Assistance Team. Each Program Review Report completed by the Program Evaluator is sent to the Parent and Program Consultant. Their responsibility in the process is to review the areas and make either training changes or technical assistance activities to help the provider to improve in the area of non-compliance. In addition, when they see a trend in their region where the same or similar areas of non-compliance are occurring, then they are charged with training the entire region on the appropriate ways to ensure compliance in those areas. The TAT's have mandatory quarterly meetings with Service Coordinators to address several issues, one of which is the findings of recent Program Reviews.

3. Quality assurance and monitoring procedures to ensure the accuracy of the general supervision data

There is a three level approach to identifying and correcting non-compliance: on-site monitoring and follow-up; revising training and technical assistance at both the regional and state level; and actual regulatory or policy changes. The complete Program Review process and reports are filed in the Central Office and overseen by the Quality Assurance Administrator. The Quality Assurance Administrator reviews all reports and approves all Action Plans. This staff person also has the responsibility to look for possible trends in areas of non-compliance and bringing those trends to the attention of the Lead Agency. Once those trends are identified, the Lead Agency either requests that the statewide Training Coordinator revise existing training to ensure that those areas are clear and stressed in the mandatory provider trainings or request specific training be developed to address the trend then shared with each TAT to be carried out in their region. In addition, if the problem will be clarified by changing policies and procedure or regulations, the Lead Agency may re-write to provide more direction on the issue. Once the changes are approved the Lead Agency will provide training and information to the TAT to have them alert their providers of the new language.

4. Data system elements for general supervision data input and maintenance, and general supervision data analysis functions

The Quality Assurance Administrator reviews monitoring data sent from the TAT's and enters it into a spreadsheet. Each citation is logged into the spreadsheet after each program review has been completed. From the data entered, the Quality Assurance Administrator can identify certain trends within the data that needs to be addressed. The Quality Assurance Administrator will routinely monitor the data in order to identify trends.

All data in the section 618 tables comes from Kentucky's Central Billing and Information System (CBIS) database. CBIS maintains billing and demographic records for all children served under Part C in the state of Kentucky.

CBIS has procedures in place to limit data entry errors (and is by contract required to do so). Having all data entry take place in one location also has the advantage of providing oversight and supervision of staff.

Initial and primary service coordinators receive training before they can become service coordinators on how to properly complete the CBIS forms. ISC's attend quarterly point of entry meetings where any new updates to forms can be discussed and questions can be answered. Primary service coordinators must attend mandatory quarterly meetings which serve the same purpose. (See Indicator #14)

A: Percent of Noncompliance related to monitoring priority areas and indicator corrected within one year of identification:

Baseline Data for FFY 2004 (2004-2005):

District	NE (34 CRF Part 303.12) (b) (911 KAR 2:130)				45 Day timeline (34 CRF Part 303.321) (911 KAR 2:110)				Transition (34 CRF Part 303.44) (911 KAR 2:130)			
	M	a	b	O	M	a	b	O	M	a	b	O
Bluegrass	11	8	8	0	0	0	0	0	11	3	3	0
Purchase	10	1	1	0	1	1	0	1	10	0	0	0
Pennyrile	2	1	1	0	1	1	0	1	2	0	0	0
Northern KY	19	0	0	0	0	0	0	0	19	0	0	0
Green River	20	0	0	0	1	1	0	1	3	0	0	0
Buffalo Trace	5	0	0	0	0	0	0	0	5	0	0	0
Lake Cumberland	7	2	2	2	0	0	0	0	7	2	2	2
Big Sandy	0	0	0	0	0	0	0	0	0	0	0	0
Cumberland Valley	8	3	3	1	0	0	0	0	8	3	3	0
Gateway	0	0	0	0	0	0	0	0	0	0	0	0
Barren River	18	0	0	0	1	1	0	1	3	1	1	0
FIVCO	6	3	3	0	0	0	0	0	6	1	1	0
Lincoln Trail	10	0	0	0	1	1	0	1	10	1	0	1
Kentuckiana	27	3	2	1	0	0	0	0	27	2	2	0
Kentucky River	7	1	1	0	0	0	0	0	7	3	3	1

M= # Monitored

a= # of findings of non-compliance

b = # corrections completed within one year of identification

O= outstanding non-compliance not corrected in one year

Grand Total = 150 Providers Monitored

(Note: During an audit of 2003 Annual Performance Report data it was discovered that a calculation error occurred when reporting the number of providers monitored. The number of providers reported was only initial reviews.)

Discussion of Baseline Data:**Indicator #1: Timely Service**

Kentucky did not monitor for timely services during this reporting period. However, Central Billing and Information System (CBIS) collects reliable data on timely services. In the future, Program Evaluators will also verify with each provider that services are timely and cite them accordingly. (See Indicator # 1).

Indicator #2 Natural Environment: a= 22 b= 21 O= 4; $b/a \times 100 = 95\%$

For FFY 2004 95% of providers reviewed corrected noncompliance within one year of identification. There were three (3) providers with outstanding non-compliance. This was due to the providers no longer participating in the First Steps program after the Program Review. Rather than address their non-compliance, the providers chose to resign. In the event that these providers want to participate in the future the citations will have to be corrected prior to reenrollment in the program.

Indicator #3 & #4: New Indicator**Indicator #5 & #6 Child Find:**

The Point of Entry Coordinator monitors monthly POE reports to assure that the required child find activities are completed in each district. These reports are also reviewed by DEIC members and by Technical Assistance Teams. These reviews, while confirming that the required numbers of child find activities are completed in each district, primarily assure that these efforts are being directed to the most appropriate needed areas. (See Indicator #5 & #6)

Indicator #7 45-Day Timeline: a=5 b=0 O=5; $b/a \times 100 = 0\%$

For FFY 2004 (5) five of the (15) fifteen Point of Entry's were reviewed. The five (5) have outstanding noncompliance in the area of the forty-five (45) day timeline. Kentucky was not able to determine if the five (5) POEs were successful in correcting noncompliance that was identified in the area of the 45 day timeline within one year of identification. This was due to Program Evaluator vacancies in two regions as well as other Program Evaluation staff not completing follow-up reviews in the necessary time frame. The two (2) Program Evaluator vacancies have since been filled and the remaining Program Evaluators have been trained on the requirement to complete follow-up reviews within established timelines. In order to further ensure compliance with the 45 day timeline, Program Evaluators will be monitoring every Point of Entry every other year. In addition, training has been provided to Program Evaluators and Point of Entry staff to ensure the timelines will be met.

Indicator #8 Transition: a= 16 b = 15; $b/a \times 100 = 94\%$

For FFY 2004 94% of providers reviewed corrected noncompliance within one year of identification. There were (3) three providers with outstanding non-compliance. This was due to the providers no longer participating in the First Steps program after the Program Review. Rather than address their non-compliance, the providers chose to resign. In the event that these providers want to participate in the future the citations will have to be corrected prior to reenrollment in the program.

SPP Template – Part C (3)

KENTUCKY

State

B: Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

Baseline Data for FFY 2004 (2004-2005):

District	Service Coordination (34 CRF Part 303.23(a) (b)) (911 KAR 1:40)				Justification of Services not in Natural environment (34 CRF Part 303.12 (b)) (911 KAR 2:130)				Personnel Requirements (34 CRF Part 303.169) (911 KAR 2:150)				Evaluation (34 CRF Part 303.322) (911 KAR 2:120)			
	M	a	b	O	M	a	b	O	M	a	b	O	M	a	b	O
Bluegrass	11	8	8	0	11	2	2	0	11	0	0	0	11	0	0	0
Purchase	10	0	0	0	10	0	0	0	10	0	0	0	10	0	0	0
Pennyrile	2	0	0	0	2	0	0	0	2	0	0	0	2	0	0	0
Northern KY	19	2	0	2	19	0	0	0	19	0	0	0	19	0	0	0
Green River	20	1	1	0	20	0	0	0	20	0	0	0	20	0	0	0
Buffalo Trace	5	0	0	0	5	0	0	0	5	1	1	0	5	0	0	0
Lake Cumberland	7	3	1	2	7	2	2	1	7	0	0	0	7	4	4	0
Big Sandy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumberland Valley	8	4	4	0	8	3	2	1	8	0	0	0	8	0	0	0
Gateway	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Barren River	18	2	1	1	18	0	0	0	18	0	0	0	18	0	0	0
FIVCO	6	6	5	1	6	1	1	0	6	0	0	0	6	4	4	0
Lincoln Trail	10	0	0	0	10	0	0	0	10	0	0	0	10	0	0	0
Kentuckiana	27	10	10	0	27	3	2	1	27	0	0	0	27	0	0	0
Kentucky River	7	3	2	1	7	1	1	0	7	1	0	1	7	2	1	1

M= # Monitored

a= # of findings of non-compliance

b = # corrections completed within one year of identification

O= outstanding non-compliance not corrected in one year

Grand Total =150 Providers

Discussion of Baseline Data for FFY 2004:**Service Coordination: a= 39 b=32 O= 7; b/a X 100= 82%**

For FFY 2004 82% of providers reviewed corrected noncompliance within one year of identification. There were seven (7) providers with outstanding non-compliance. This was due to the providers no longer participating in the First Steps program after the Program Review. Rather than address their non-compliance, the providers chose to resign. In the event that these providers want to participate in the future the citations will have to be corrected prior to reenrollment in the program.

Justification of Services not in Natural environment: a= 12 b=11 O= b/a= 92%

For FFY 2004 92% of providers reviewed corrected noncompliance within one year of identification. There were three (3) providers with outstanding non-compliance. This was due to the providers no longer participating in the First Steps program after the Program Review. Rather than address their non-compliance, the providers chose to resign. In the event that these providers want to participate in the future the citations will have to be corrected prior to reenrollment in the program.

Personnel Requirements: a= 2 b=1 O=1 b/a X 100= 50%

For FFY 2004 50% of providers reviewed corrected noncompliance within one year of identification. There was one (1) provider with outstanding non-compliance. This was due to the providers no longer participating in the First Steps program after the Program Review. Rather than address the non-compliance, the provider chose to resign. In the event that this provider wants to participate in the future the citations will have to be corrected prior to reenrollment in the program.

Evaluation in 5 areas: a=10 b= 9 O=1 b/a= 90%

For FFY 2004, 90% of providers reviewed corrected noncompliance within one year of identification. There was one (1) provider with outstanding non-compliance. This was due to that provider no longer participating in the First Steps program after the Program Review. Rather than address the non-compliance, the provider chose to resign. Any providers, who leave First Steps with outstanding non-compliance then in the future want to participate, will have to correct the non-compliance prior to reenrollment in the program.

C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc) corrected within one year of identification.

After review of the data that was submitted in the 2003 APR, it appears Kentucky had 25 informal complaints that identify concerns with services provided by First Steps Providers. There was one informal complaint identified during this period that was not resolved in 60 days. This was due to the administration change of First Steps from the Commission for Children with Special Health Care Needs to the Department for Public Health. This provider was eventually turned over to the Kentucky Attorney General's Office and subsequently the provider's contract with the First Steps Program was terminated.

There were no due process hearings or mediations filed in that time period. In the event that one occurs, efforts would be made to ensure that concerns are resolved in a timely manner.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2006 (2006-2007)	100% of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2007 (2007-2008)	100% of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2008 (2008-2009)	100% of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2009 (2009-2010)	100% of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2010 (2010-2011)	100% of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Work closely with Federal Contact on ways to strengthen current monitoring system.	October 2005	Federal Contact, Quality Assurance Administrator
2. Contact Mid-South Regional Resource Center, National Center for Special Education Accountability Monitoring (NCSEAM) and National Early Childhood Technical Assistance Center (NECTAC) regarding ways to develop stronger monitoring and data collection process.	October 2005	NCSEAM Contact, Quality Assurance Administrator, Mid-South Contact, NECTAC Contact

SPP Template – Part C (3)

KENTUCKY

State

3. Revisit monitoring policies and procedures with Technical Assistance Teams in order to ensure monitoring is covered in each district to identify systemic problems based on Part C requirements.	December 2006	Quality Assurance Administrator, State Training Coordinator
4. Design a report to collect training and technical assistance activities related to specific non-compliance sited.	September 2007	Quality Assurance Administrator, State Training Coordinator
5. Develop Training Module on Program Monitoring in relation to non-compliance issues that have been identified in order to ensure it is corrected.	September 2008	Quality Assurance Administrator, State Training Coordinator, Technical Assistance Teams
6. Develop a follow-up questionnaire to trainings in order to ensure if training on correcting non-compliance is effective.	September 2008	Quality Assurance Administrator, State Training Coordinator, Technical Assistance Teams
7. Provide training to providers on Program review procedures in order to ensure they are familiar with the Program review process.	June 2009	Quality Assurance Administrator, State Training Coordinator, Technical Assistance Teams
8. Develop web based reporting regarding systemic issues identified through program monitoring for providers to correct non-compliance.	June 2010	Quality Assurance Administrator, State Training Coordinator